

CITY OF HERMOSA BEACH
PERSONNEL/PAYROLL STATUS CHANGE

<input checked="" type="checkbox"/> NEW EMPLOYEE	<input type="checkbox"/> ANNUAL STEP INCREASE	EMP NUMBER _____
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> END OF PROBATION	DATE OF REQUEST 11/07/18
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> QUARTERLY MERIT	REQUESTED EFFECTIVE DATE 11/14/18
<input type="checkbox"/> LEAVE OF ABSENCE	<input type="checkbox"/> TERMINATION	APPROVED EFFECTIVE DATE _____
<input type="checkbox"/> ADD/REMOVE PREMIUM	<input type="checkbox"/> OTHER _____	

EMPLOYEE NAME
Moe, Georgia


ADDRESS _____	CITY, STATE, ZIP CODE _____	HOME PHONE _____
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FROM			EMPLOYMENT CHANGE			TO		
DEPARTMENT Police - Community Services			DEPARTMENT					
POSITION TITLE Community Services Division Manager			POSITION NUMBER			POSITION TITLE		
GRADE/STEP/PREMIUM CODES Temporary-Extra Help			BASE SALARY			GRADE/STEP/PREMIUM CODES		
PREMIUM(S)			UNIFORM ALLOWANCE			TOTAL MONTHLY		
			\$52.73					
PAYROLL ACCOUNT NUMBER			BARGAINING UNIT			PAYROLL ACCOUNT NUMBER		
						BARGAINING UNIT		
ACTION BY Acting Chief Milton McKinnon			MERIT PAY PERCENTAGE			AMOUNT		
						QUARTER		

JUSTIFICATION/COMMENTS This position has been vacant for several months resulting in a significant workload and knowledge transfer concerns for the New Community Services Division Manager. This short employment period is intended to facilitate the on-boarding process of the new Community Services Division Manager and reduce the workload.	PERS Category: Hire/Adjusted Hire /Promotion Date:
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LEAVE OF ABSENCE			
<input type="checkbox"/> ILLNESS <input type="checkbox"/> MATERNITY <input type="checkbox"/> PERSONAL <input type="checkbox"/> FMLA	START DATE	END DATE	HEALTH INSURANCE CONTINUATION
			CITY AMOUNT EMPLOYEE AMOUNT
COMMENTS			

TERMINATION		
<input type="checkbox"/> RESIGNATION <input type="checkbox"/> DISMISSAL <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DECEASED <input type="checkbox"/> OTHER	LAST DAY WORKED	COMMENTS
	EMPLOYEES SERVICES WERE	
	<input type="checkbox"/> EXCELLENT <input type="checkbox"/> SATISFACTORY	
	<input type="checkbox"/> VERY GOOD <input type="checkbox"/> UNSATISFACTORY	

OTHER ACTIONS			
OFFICE USE Finance _____ Date _____ Personnel _____ Date _____ Verified By _____	EMPLOYEE SIGNATURE _____		DATE _____
	DEPARTMENT DIRECTOR 		DATE 11/7/18
	HUMAN RESOURCES MANAGER _____		DATE _____
	CITY MANAGER _____		DATE _____